



BEYOND

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JOB 5:9

**YOUTH CONVENTION 2014
REGISTRATION PACKET**

Youth Convention Speakers & Bands



Chad Veach is the pastor of Zoe Church in Los Angeles, CA . Chad and his wife Julia have a two beautiful children, Georgia Estelle and Winston Charles. Chad is a fan of golf, the Lakers and people. Learn more about Chad and his ministry at: zoechurch.org



Sean Smith is the founder of Sean Smith Ministries/Pointblank Int'l. Sean's passion is to see people come into ALL that God has for them and witnessing the power of God in their lives. He especially loves when people come to Christ for the first time! Sean is the biggest fan of his children, Brandon and Brittany, who are both college basketball players. He is an avid reader, with an extensive book collection. If asked which books he's actually read, Sean usually replies; all of some and some of all. He especially enjoys working out and eating healthy, oh...and he happens to make the best fruit smoothies, ever! If Sean could be remembered for one thing, it would be that he always had genuine and authentic love for God and people. That he did his best to see God move in his day. Learn more about Sean and his ministry at: seansmithministries.com



Eddie De La Rosa currently serve as the District Student Ministries Director for the Assemblies of God in Northern California and Nevada. As the District Student Ministries Director, (DSMD) they are responsible for the training and development of youth and college pastors and leaders in over 440 churches across Northern California and Nevada. As the DSMD, Eddie's personal mission is to build "Balanced and Healthy Leaders" in the local church. This is achieved through the ministries three-fold purpose of Modeling, Mentoring and Mobilizing Leaders. In addition to speaking at leadership conferences and regional connections, Eddie travels extensively ministering weekly in church services, youth and college services and outreaches. Pastor Eddie joined NCNSM in June of 2013. He most recently served as Youth Pastor at Harvest Church in Elk Grove, CA for over 9 years, effectively reaching, training, and empowering students to become who God created them to be. Pastor Eddie is married to Gabby, and they have 3 Children. Learn more about Eddie and his ministry at: ncnsm.com

PROJECT 86

www.project86.com



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www.fedelmusic.com



WORTH DYING FOR

www.worthdyingfor.com



TRANSPARENT

www.sotransparent.com

REGISTRATION AND PARTICIPATION AGREEMENT / ASSUMPTION OF RISKS FORM

Consent by Self or Parent/Guardian of a Minor

(PLEASE BRING WITH YOU – KEEP COPY FOR YOURSELF)

EVENT DETAILS:

Convention Cost Will Be:

DESCRIPTION OF ACTIVITY: NCN Student Ministries Youth Convention 2014

DATE & LOCATION OF ACTIVITY: November 14 + 15 at Trinity Life Center in Sacramento, CA

REGISTRATION INFORMATION::

Participant's Name: _____ Age: _____

Address: _____ Male: _____ Female: _____

Hone Phone: (____) _____ - _____ Parent Phone: (____) _____ - _____ Email: _____

Legal Guardian(s) if Participant is a Minor:

Church Name _____ Church Phone: (____) _____ - _____

Church Address _____ City _____ State _____ Zip _____

Supervising Pastor Name _____ Contact Number (____) _____ - _____

FIRST: PARTICIPATION DISCLOSURES AND WAIVERS

Participant and Assemblies of God, Northern California/Nevada District Council, Inc. (hereinafter referred to as "AGNCN") understand and agree that there are a number of various programs undertaken by departments and groups in affiliation with AGNCN, on and off the AGNCN campus facilities, involving activities and individuals that are often not under direct control or supervision of AGNCN, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and the AGNCN has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself or herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of all such injury, loss, expense and damages, to person or property, and does hereby wholly release AGNCN and its agents from all responsibility or liability, and waives any and all claims or causes of action against AGNCN or its agents that might arise from or on account of any sort of loss or injury of or to person or property of any description in this regard; and, as an inducement to AGNCN and its agents to allow the undersigned and such Participant to participate in such activity, does hereby agree to hold harmless AGNCN and its agents from all these things in event any such claim should arise. AGNCN does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

SECOND: DISCLOSURE OF SPECIAL MEDICAL OR OTHER REQUIREMENTS

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for cars, supervision, or medication, other than those listed below:

Participant Allergies and Current Medications:

THIRD: MEDICAL AUTHORIZATION

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for AGNCN through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees to assume and pay all costs, charges, fees and expenses incurred in the premises, and to hold harmless AGNCN there from. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things, at Participant's own expense.

Emergency Contact Name: _____ Daytime Contact: (____) _____ - _____ Evening Contact: (____) _____ - _____

Is AGNCN authorized to approve medical treatment? ☐ Yes ☐ No

Is Participant covered by personal/family medical insurance? ☐ Yes ☐ No

If yes, name of Insurer / Insurance Carrier:

Policy or group number:

FOURTH: DISCIPLINE

Participant for themselves or on behalf of such minor child hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by AGNCN or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the activity may then be immediately terminated, without liability on AGNCN or its agents.

FIFTH: CONDUCT AGREEMENT:

- 1. You are responsible to wear your wristband throughout the entire weekend. It is \$5.00 to replace a wristband!
- 2. **Government/Convention statement: No fireworks, smoking, drinking of alcoholic beverages, drugs, or profanity allowed.**
- 3. The lack of cooperation, unnecessary roughness, lack of respect of property, or an unwholesome attitude on the part of any person will result in expulsion from the convention. Parents are expected to assist in explaining these rules to their youth and encourage their compliance while at the convention. Expense of transporting expelled persons home from the convention will be the responsibility of the parents.

SIXTH: VIDEO/PHOTO

Participants and/or their guardians agree to allow themselves to be photographed or videoed for the purpose of distribution of a video year-book and/or future promotional material.

SEVENTH: ADULT LEADERS—ASSUMPTION OF SUPERVISION AND CRIMINAL BACKGROUND SCREENING

Minor participants register for this event through their local church and the local church assumes responsibility to supervise these participants. It is District Policy that churches may only use Adult Volunteers at a district event that have been screened by the church for criminal behavior. By signing this form, the church verifies that the Adult Volunteer has been cleared through the church’s screening process.

PARTICIPATION AGREEMENT

By signing below, the Participant (or parent/guardian if Participant is a minor) **acknowledges and accepts the risks of physical injury** associated with participation in the activity described above. Except for **gross negligence** on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, **the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity.** Further, the Participant (or parent/guardian) **promises to hold harmless the sponsor (Assemblies of God, Northern California & Nevada District Council, Inc.)** and its representatives, including employees, and its volunteers, for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

PARTICIPANT SIGNATURE: _____ / _____ **DATE:** _____
(Signature) (Print Name)

PARENT SIGNATURE: _____ / _____ **DATE:** _____
(Signature) (Print Name)

PASTOR SIGNATURE: _____ / _____ **DATE:** _____
(Signature) (Print Name)

NCN STUDENT MINISTRIES

PARTICIPATION AGREEMENT / ASSUMPTION OF RISKS

Consent by Self or Parent/Guardian of a Minor

(PLEASE BRING WITH YOU – KEEP COPY FOR YOURSELF)

Church Name _____ City _____

Supervising Pastor Name _____

DESCRIPTION OF ACTIVITY: NCN Youth Convention 2014

DATE & LOCATION OF ACTIVITY: Trinity Life Center, 5225 Hillsdale Blvd, Sacramento, CA 95842

Participant's Name: _____ Age: _____

Address: _____

Telephone: _____

(Day)

(Evening)

(cell)

Legal Guardian(s) if Participant is a Minor: _____

FIRST: PARTICIPATION DISCLOSURES AND WAIVERS

Participant and Assemblies of God, Northern California/Nevada District Council, Inc. (hereinafter referred to as "AGNCN") understand and agree that there are a number of various programs undertaken by departments and groups in affiliation with AGNCN, on and off the AGNCN campus facilities, involving activities and individuals that are often not under direct control or supervision of AGNCN, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and the AGNCN has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself or herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of all such injury, loss, expense and damages, to person or property, and does hereby wholly release AGNCN and its agents from all responsibility or liability, and waives any and all claims or causes of action against AGNCN or its agents that might arise from or on account of any sort of loss or injury of or to person or property of any description in this regard; and, as an inducement to AGNCN and its agents to allow the undersigned and such Participant to participate in such activity, does hereby agree to hold harmless AGNCN and its agents from all these things in event any such claim should arise. AGNCN does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

SECOND: DISCLOSURE OF SPECIAL MEDICAL OR OTHER REQUIREMENTS

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for cars, supervision, or medication, other than those listed below:

Is the participant on any Medication or allergic to anything: if so please list:

THIRD: MEDICAL AUTHORIZATION

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for AGNCN through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees to assume and pay all costs, charges, fees and expenses incurred in the premises, and to hold harmless AGNCN there from. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things, at Participant's own expense.

Name of Emergency Contact: _____

Telephone: _____

(Day)

(Evening)

(cell)

Is AGNCN authorized to approve medical treatment? ☐ Yes ☐ No

Is Participant covered by personal/family medical insurance? ☐ Yes ☐ No

If yes, name of Insurer / Insurance Carrier: _____

Policy or group number: _____

FOURTH: DISCIPLINE

Participant for themselves or on behalf of such minor child hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by AGNCN or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the activity may then be immediately terminated, without liability on AGNCN or its agents.

FIFTH: VIDEO/PHOTO

Participants and/or their guardians agree to allow themselves to be photographed or videoed for the purpose of distribution of a video yearbook and/or future promotional material.

PARTICIPATION AGREEMENT

By signing below, the Participant (or parent/guardian if Participant is a minor) **acknowledges and accepts the risks of physical injury** associated with participation in the activity described above. Except for **gross negligence** on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, **the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity.** Further, the Participant (or parent/guardian) **promises to hold harmless the sponsor (Assemblies of God, Northern California & Nevada District Council, Inc.)** and its representatives, including employees, and its volunteers, for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

DATED: _____

SIGNATURE: _____

Participant or Parent/Legal Guardian (if participant is a minor) (Please PRINT) name here)

Youth Convention 2014

PARTICIPATION AGREEMENT / ASSUMPTION OF RISKS

Consent by Self or Parent/Guardian of a Minor

(PLEASE BRING WITH YOU - KEEP COPY FOR YOURSELF)

DESCRIPTION OF ACTIVITY: Youth Convention

DATE & LOCATION OF ACTIVITY: Trinity Life Center in Sacramento on November 14-15, 2014

Participant's Name: _____ Age: _____

Address: _____

Telephone: _____
(Day) (Evening) (cell)

Legal Guardian(s) if Participant is a Minor: _____

FIRST: PARTICIPATION DISCLOSURES AND WAIVERS

Participant and New Life Church (hereinafter referred to as "NLC") understand and agree that there are a number of various programs undertaken by departments and groups in affiliation with NLC, on and off the NLC campus facilities, involving activities and individuals that are often not under direct control or supervision of NLC, and that there is an overriding policy that each participant involved in these programs does so at their own risk of personal injury or damage to property; and, Participant desires to take part in the activity mentioned herein above, and fully understands and agrees that such activity might involve sporting activities, travel or contacts with other individuals or groups, and the NLC has limited or no control over other individuals involved in such activity; and that there is always the risk of physical injury, illness, and other loss, and possible costs or expenses for medical or dental diagnostic and curative treatments, and general and special damages for incidental loss or expense; and, in these premises, Participant does for himself or herself, and for and on behalf of said Participant and his or her family, representatives and heirs, assume the risk of all such injury, loss, expense and damages, to person or property, and does hereby wholly release NLC and its agents from all responsibility or liability, and waives any and all claims or causes of action against NLC or its agents that might arise from or on account of any sort of loss or injury of or to person or property of any description in this regard; and, as an inducement to NLC and its agents to allow the undersigned and such Participant to participate in such activity, does hereby agree to hold harmless NLC and its agents from all these things in event any such claim should arise. NLC does not act as an insurer, guardian, guarantor or warrantor of health or safety of anyone involved in such activity.

SECOND: DISCLOSURE OF SPECIAL MEDICAL OR OTHER REQUIREMENTS

The undersigned further represents that the Participant suffers from no disability or disease, and has no special requirements for cars, supervision, or medication, other than those listed below:

Is the participant on any Medication or allergic to anything: if so please list:

THIRD: MEDICAL AUTHORIZATION

In the event it should become necessary, whether in emergency or otherwise, where the said Participant cannot act for himself or herself, consent is hereby given for NLC through its adult individuals serving as its agents to arrange for and consent to x-ray examinations, anesthesia, dental, medical or surgical diagnosis and/or treatment and hospital care, for said Participant, on behalf of Participant; and, in such event, Participant agrees to assume and pay all costs, charges, fees and expenses incurred in the premises, and to hold harmless NLC there from. Participant represents and agrees that he or she already has or will provide insurance coverage or payment of such things, at Participant's own expense.

Name of Emergency Contact: _____

Telephone: _____
(Day) (Evening) (cell)

Is NLC authorized to approve medical treatment? ☐ Yes ☐ No

Is Participant covered by personal/family medical insurance? ☐ Yes ☐ No

If yes, name of Insurer / Insurance Carrier: _____

Policy or group number: _____

FOURTH: DISCIPLINE

Participant for themselves or on behalf of such minor child hereby submits to and agrees to abide by all rules and regulations, supervision and discipline set and applied by NLC or its agents, and it is agreed that for violation of such rules and regulations, supervision or discipline, the participation in the activity may then be immediately terminated, without liability on NLC or its agents.

FIFTH: VIDEO/PHOTO

Participants and/or their guardians agree to allow themselves to be photographed or videoed for the purpose of distribution of a video yearbook and/or future promotional material.

PARTICIPATION AGREEMENT

By signing below, the Participant (or parent/guardian if Participant is a minor) **acknowledges and accepts** the **risks of physical injury** associated with participation in the activity described above. Except for **gross negligence** on the part of the sponsor and/or its representatives, including employees, and/or its volunteers, **the Participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity.** Further, the Participant (or parent/guardian) **promises to hold harmless the sponsor (New Life Church)** and its representatives, including employees, and its volunteers, for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

DATED: _____

SIGNATURE: _____

Participant or Parent/Legal Guardian (if participant is a minor)

(Please PRINT) name here)